



STATE OF RHODE ISLAND
RI STATE LABOR RELATIONS BOARD

DO NOT WRITE IN THIS SPACE	
Case No.	Date Filed
EE- 3716	2009 AUG -6 P 2:02

IN THE MATTER OF
CHOPMIST HILL FIRE DEPARTMENT

EMPLOYER

-AND-

INTERNATIONAL ASSOCIATION OF FIRE FIGHTERS (IAFF)

EMPLOYEE REPRESENTATIVE

PETITION FOR INVESTIGATION OF
CONTROVERSIES AS TO
REPRESENTATION
PURSUANT TO R.I.G.L. 28-7-16
RI STATE LABOR RELATIONS ACT

FILE AN ORIGINAL, SIGNED IN BLUE INK, WITH THE BOARD. THIS FORM MUST BE TYPED

1. Type of Petition (Check one)
☒ Petition by or on behalf of employees seeking **certification** of any Employee Organization.
☐ Petition by or on behalf of employees seeking **decertification** of any Employee Organization.
☐ Petition by Employer seeking to resolve claim of representation by one or more Employee Organizations.
2. Name of Employer: CHOPMIST HILL FIRE DEPARTMENT
Address: 1362 CHOPMIST HILL ROAD, PO BOX 415, SCITUATE, RI 02857
Representative (if known): CHIEF GAFFNEY Telephone Number: 401-647-7205
3. Name of Employee Organization: INTERNATIONAL ASSOCIATION OF FIRE FIGHTERS (IAFF)
Address: 356 SMITH STREET, PROVIDENCE, RI 02908
Telephone Number: 401-272-6870 Facsimile: 401-273-5128 Email: ja1950@msn.com
4. Unit Involved – List specific titles of positions to be included in proposed unit and attach a copy of job descriptions, if available. (Attach additional sheets if necessary)
Included: ALL RESCUE PERSONNEL WHO ARE EMPLOYED MORE THAN 20 HOURS PER WEEK

Excluded: EXCLUDING THE CHIEF OF THE DEPARTMENT

5. Number of employees in unit sought: 4
A. If the Petitioner seeks to represent a unit of employees who are **currently represented** for the purpose of collective bargaining, is the petition filed within the thirty (30) day "window period" as outlined in R.I.G.L. 28-7-9?
☐ YES ☐ NO ☒ N/A
B. Recognized or certified bargaining agent (Incumbent Labor Organization):
Name:
Address:
If certified, give Certification Number: Date Certified:
Current Certification of Representatives: ☐ Attached
Expiration Date of most recent Collective Bargaining Agreement: _____
Month/Day/Year
6. List other Employee Organizations known to have an interest in the employees previously described.
Name(s):
Address(es):

Note: Upon submission of this Petition for either Representation or Decertification, Cards of Interest with a showing of at least thirty percent (30%), must accompany this Petition.

Pursuant to R.I.G.L. 28-7-16, the undersigned requests that the Rhode Island State Labor Relations Board investigate the question or controversy of representation of employees, and certify to all persons concerned the name(s) of the representatives who have been designated or selected by said employees.

PETITIONER: Paul C. Reed DATE: 6 August, 2009
SIGNATURE

Name: PAUL C. REED Title: STAFF REPRESENTATIVE
Address: 356 SMITH STREET, PROVIDENCE, RI 02908
Telephone: 401-272-6870 Cellular No. 401-864-8115
Facsimile: 401-273-5128 Email: ja1950@msn.com